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A survey of continuing education of health personnel in Southern and Northern California was made to determine if there were differences in attendance, expressed interests, attitudes of health agency directors, recognition of employee participation, presentation of courses, or in financial support. A random sample was drawn from each area resulting in 25 respondents from Northern California and 18 from Southern California who worked for official or voluntary agencies, or the State Department of Public Health. An openended questionnaire was administered in a one hour interview. Cluster analysis was used to cross check reliability and coding validity. Results are reported in tabular form. It was found that less interest in attending continuing education program was shown in Northern California, less positive support existed in Northern California because of greater consciousness of budgeting and difficulties associated with staff absences; Northern executives were more likely to screen notices of training programs and nominate specific people to attend; and more concern was expressed in the North for agency and program needs, while the South was concerned with personnel development. (pt)

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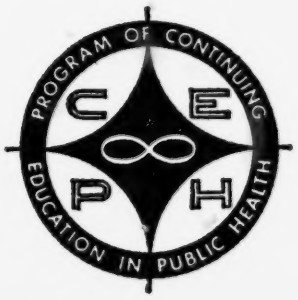
THE ORGANIZATION AND CONTINUING EDUCATION



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THE PROGRAM OF CONTINUING EDUCATION IN PUBLIC HEALTH

The Program of Continuing Education in Public Health is sponsored by the four Schools of Public Health in the West --the University of California at Berkeley; the University of California at Los Angeles; the University of Hawaii; Loma Linda University --and the Western Regional Office of the American Public Health Association, Inc.

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THE ORGANIZATION

AND

CONTINUING EDUCATION

a study of agency factors relating to attendance and support of continuing education in public health in California

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SUMMARY OF FINDINGS

CEPH attendance figures indicated less interest in continuing education programs by public health personnel in Northern California than in Southern California. Analysis of available data, and a survey of opinion of health agency directors, indicates differences between the two regions.

It would appear that there is less positive support for continuing education in Northern California than in Southern California, due in part to a greater consciousness of budgetary restrictions, and again in part to difficulties associated with staff absences incurred by attendance at education programs.

Northern executives are more likely to screen notices of training course offerings, and to nominate specific people to attend those courses considered to be of value to the agency.

There is more concern expressed in the North for agency and program needs as compared with concern for personnel development in the South.

No factors were elicited, specifically related to the Program of Continuing Education in Public Health practice, which might explain or affect the differential in attendance.

INTRODUCTION

The extensive changes taking place within the policies and programs of public health over the last few years have sharpened the need for effective presentations in continuing education if health personnel are to keep abreast of these changes. Meeting these emerging needs of public health and allied professionals has long been the concern of the Program of Continuing Education in Public Health --a continuing education program sponsored by --the Schools of Public Health in the West --The University of California at Berkeley, the University of California at Los Angeles, the University of Hawaii, Loma Linda University --and the Western Regional Office of the American Public Health Association, Inc.

Examination of attendance figures within California over the past two years has led to concern that the degree of interest in the Program of Continuing Education in Public Health courses in Northern California is lower than that for the Southern part of the state. For nine particular courses offered in both northern and southern regions of the state over a period of 24 months in 1966-68, the average attendance in the north was 36.3 while that in the south was 52.5 per course. While there is a greater concentration of population south of the Tehachapi Mountains, indications are that the number of health personnel employed in the northern part of the state is at least as great as in the south.

Factors influencing attendance at courses are many. Some of the more obvious are interest and relevancy of the course to the potential participant or agency, location of the course (travel involved and attractiveness of site), freedom of access (e.g. L.A. freeway system), time structure of the course (periodic or block), and variety of alternative courses which are available.

A survey of the interests and needs of health personnel in the Western States was conducted in 1966-67 by the Program of Continuing Education in Public Health. The data was analyzed by two major areas: California and Non-California. However, there was no internal division of the California data. The major difference occurring between the two major regions was in membership in professional public health associations. Only 32% of 583 respondents within California were members of state or national public health associations, while some 56% of the 772 Non-Californians responding held such membership. Of the primary reasons given for non-attendance, the most important was that employers feel that they connot afford to give time off. This

was followed, in order, by lack of notification, heavy workloads, and lack of recognition for employee participation by the employing agency.[1] Again, no differentiation was made by region within California.

As direct notice of CEPH courses is given to members of the state health association, a comparison of California memberships becomes important in relation to the original problem, that of attendance differential. Of 241 respondents from official agencies in Southern California only 53 or 21%, were members of the state association. In the North the figure was 77 or 33% from a total of 235. The figure for voluntary agency returns is similar in both Northern and Southern California (20% of n = 150). If lack of notification was the major problem then one might hypothesize a greater attendance in the North than in the South from the above figures.

In considering the problem several questions were asked.

1) Is there a real difference in attendance figures between Northern and Southern California regions based on potential attenders?

2) Are there differences in the expressed interests between these two areas?

3) Is there a difference in the attitudes of health agency directors toward time off for continuing education, as the major factor perceived by personnel as responsible for poor attendance?

4) Direct notice of course offerings goes to agency directors and to state public health association members only. Is there a differential operating between the northern region and the south which puts one region at a disadvantage relative to notification?

5) Does one region offer more recognition for employee participation in continuing education than the other?

6) Are courses alternative to the CEPH program more popular in one region than the other, and if so, what courses and why?

7) Is there a difference in the time, place, and manner of presentation of courses within the two regions; and alternatively is there a difference in the desired time, place, and manner of presentation?

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[1] See Public Health Professionals and Continuing Education, a report of a survey conducted by the Program of Continuing Education in Public Health, June 1968.

8) Do barriers such as financial support or travel limitations arise more frequently in the north than in the south, or vice versa?

In order to find answers to these questions, a study was undertaken to elicit from agency directors, policy and operational factors which might influence attendance at continuing education courses.

SURVEY METHODOLOGY

California was divided into two regions, north and south, arbitrarily set by the east-west line of the Tehachapi Mountains and corresponding to the territory served by the two (Northern and Southern) California Public Health Associations, but including Santa Barbara County within the southern region. A stratified random sample was drawn from each of these two populations by using a population unit of 100,000 as a base unit, and excluding from the sample population all counties having a population of less than 50,000 or having health services provided under contract from the State of California Department of Public Health. It was recognized that very small counties may have special needs in continuing education but they were excluded because their needs may be atypical, and there were difficulties in identifying a spokesman on health agency opinion. Every fifth number drawn was assigned to a voluntary agency within the county indicated to give a 20% return from such agencies. The actual sample drawn was as follows in TABLE I:

Table I

Size and Nature of Sample in California Health Agency Opinion Survey
1968

Agency	No. California	So. California
Official Agencies (includes Los Angeles Health Districts)	19	13
Voluntary Agencies (includes Calif. TB & Health Assn.)	5	4
State Department of Public Health	1	1
Totals	25	18

The interview schedule was constructed to allow for a maximum of open-ended responses for two reasons. The respondents were the senior men within the health services of California and might therefore be expected to have distinct opinions of value to the survey ranging beyond the confines of a closed response table. Secondly, the schedule was to be administered by personal interview to ensure a response from each unit within the sample and each item within the schedule. The interviewer was a health education professional holding a M.P.H. degree. The schedule took about one hour to administer and was well received by all respondents. It is noted that the interviewer was unaware of any tentative hypotheses or expected trends within regions.

ATTITUDES TOWARD TRAINING

A number of significant differences exist between Northern and Southern California health agency opinions and attitudes on continuing education in public health.

While almost all respondents claimed that the agency utilized outside training programs, only 50% of agencies in the north had formal staff training programs compared with 92% in the south. Only 42% of the northern region agencies considered in-service training and continuing education as a factor in promotion as against 77% in the south. Both southern and northern regions preferred CEPH sponsored courses to other sponsoring agencies with other universities as the next preferred sponsor. About one-third of the respondents had no preferred sponsor or gave no comment. There was no significant variation in response to the question on preferred sponsorship. However, more criticism of course presentation was offered by the north than by the south. This related to the quality of the presentation and the lack of practical experience of the faculty. Comments referred to all continuing education courses including those presented by CEPH.

ORGANIZATIONAL FACTORS

Agencies in Southern California preferred more discrete training courses of two to four days, or blocks of time running into one to two weeks, while in the north there was more support for a pattern of one half to two days (mode of one day) per week over a number of weeks. There was

also a difference in the time allowed away from the job for continuing education. Sixty percent (60%) of Southern California agencies stated that there were no limits or that limits were not defined, while only 29% of the northern respondents held this view. Defined periods ranged from five days (one week) per annum to three weeks, with 25% of the northern agencies giving five days or less, compared with two weeks as the lowest defined period in the south.

Travel limitations showed some differences. It was of interest to note that 37% of the northern agencies gave "no agency funds" or "budget restrictions" as their response to this question, while no one in the south mentioned budget or funding in this connection.

Financial support for continuing education was similar in both regions, but there was a slight advantage in the north where about 50% gave full financial support compared with 31% in the south.

METHODS OF ADVISING AND SELECTING PARTICIPANTS

In an open-ended response to a question on methods of alerting staff to the availability of continuing education courses, two broad approaches were discerned. Some agencies made information freely available through staff meetings, bulletin boards, and circular memos. In other agencies high level personnel screened announcements, chose staff or advised division chiefs or supervisors of courses and asked for names. Given this dichotomy there was a significant variation in pattern between official agencies in the two regions. Screening was more common in the north and general notification more usual in the south.

A similar pattern was observed in the selection of candidates. Criteria used in the selection of staff for continuing education courses further supported this trend. Criteria indicated as important were dichotomized into personal or agency factors. There was a tendency for the northern part of the state to mention program or departmental benefit over such items as individual interest and personal creativity. This was not true of the responses from Southern California.

A question on the value of continuing education to personnel in the agency was coded on content analysis. Significant words were either "personally" or "departmentally" oriented. Northern respondents gave almost equal weight to such words while the southern agencies emphasized "personal" over "departmental" by a ratio of 4 : 1.

Table II

Summary of Major Attitudes and Opinions Related to Continuing Education as Expressed by Health Agency Directors in Northern and Southern California - 1968

Northern California	Southern California
	More formal training programs.
	More weight given to in-service training as a factor in promotion.
Short (one day per week) absences preferred.	Longer (block training) absences preferred.
Defined and limited time allowed off each year for attendance at training courses.	Time off for training courses more often undefined or not limited.
Notification on courses tends to be restricted.	Notification generally unrestricted.
Top level staff tend to screen courses and select participants.	Advice on courses circulated to all staff and interested persons apply.
Greater percentage of staff in State PHA. (They therefore receive direct notification of courses.)	
Value of continuing education seen in relation to agency.	Value of continuing education seen in relation to personnel.

ANALYSIS OF DATA - DETAILED FINDINGS

Training

All respondents in both regions were aware of CEPH sponsored courses, but less than 70% of agency directors in either region had had personal experience with such courses. In Southern California 92% of the official agencies had a formal training program for their staff but only 50% of the northern agencies. Voluntary agencies reflected a similar bias. All agencies knew of supplemental or alternative training programs, and almost all reported that they were utilized.

Table III

Formal Training Programs in Voluntary And Official Agency by North and South Regions of California - 1968

Type of Agency	Northern California		Southern California	
	Have	Have Not	Have	Have Not
Official Agency (Large) *	7	4	4	--
Official Agency (Small) *	3	5	8	1
Voluntary Agency	2	3	4	--
Totals	12	12	16	1

Note: Difference significant at P = .02 by Fisher Exact Probability Test.
* Large Agencies are those with > 100 staff.
* Small Agencies are those with < 100 staff.

When asked --"Is in-service training and continuing education a factor when considering personnel for promotion?" --the response of official agency directors showed considerable differences, as indicated in the following table.

Table IV

In-Service Training and Continuing Education as a Factor in Personnel Promotion Within Health Agencies in California - 1968

Type of Agency	Northern California		Southern California	
	Yes	No	Yes	No
Official Agency (Large)	3	8	4	--
Official Agency (Small)	5	3	6	3
Voluntary Agency	4	1	3	1
Totals	12	12	13	4

Note: Official Agency difference significant at $p=.05$ level by Fisher Test.

Preferences for sponsorship of training courses or continuing education showed no significant variation between north and south. Approximately one-third of respondents in each region specified CEPH as the preferred sponsor, with an equal number giving no comment or no favored sponsor. Second on the list of preferred sponsors was the University, and while the north was slightly more in favor of this sponsor then the south, the difference was not significant (21% and 16%). Other sponsors mentioned were the California State Department of Public Health, Communicable Disease Center, U.S. Public Health Service, State Colleges, small corporations, and in the case of the voluntary agencies, their State Headquarters. More dissatisfaction with sponsors was expressed by northern respondents and this mostly concerned faculty inexperienced in field problems, and the lack of time for discussion. The comments on faculty applied to CEPH courses as well as others.

Reaction to the question on whether the agency receives adequate notification of time, place, and subject matter of courses was evenly divided. Most of the dissatisfaction was directed toward inadequate notice of courses.

Table V.a

Satisfaction with Notification of Time, Place, and Subject Matter of Courses by Voluntary and Official Agency in North and South California Health Agencies - 1968

All Agencies	Northern California		Southern California	
	Voluntary	Official	Voluntary	Official
Satisfied	4	10	3	8
Not Satisfied *	1	9	1	5

Table V.b

CEPH COURSES	Northern California		Southern California	
	Voluntary	Official	Voluntary	Official
Satisfied	2	18	4	9
Not Satisfied *	2	--	--	2
Uncertain	1	1	--	2
Totals	5	19	4	13

Note: * Major causes of dissatifaction were insufficient notice on courses and inadequate information on faculty.

Adequate notice of courses was thought to be at least one month and a significant number wanted two months or more.

Table VI

Health Agency Opinion on Adequate Prior Notice of Courses to be Offered, By Voluntary and Official Agency in Northern and Southern California - 1968

Length of Prior Notification	Northern California		Southern California	
	Voluntary	Official	Voluntary	Official
One Month	2	12	1	7
Two Months or Longer	3	7	3	6

While there was no trend in the statement on the most preferred season there was strong opinion on the least preferred. Of those responding, more than 75% spoke against the months of July through September for training courses.

In considering the pattern of absence which is most convenient to the agency there is a distinct difference between the Northern and Southern California responses. In the North, short absences of one-half to two days per week had the support of 47% while only 23% mentioned this pattern in the Southern part of the State. There, the preferred pattern was from two to four days (which may or may not include a weekend) through to courses of one or two weeks duration. The South appeared to prefer block courses while the North was more in favor of stretching the courses out over several weeks.*

To a question on the amount of time actually permitted away from the job for continuing education, official agencies in Northern California appeared to be more restrictive than in the South. Thirty-one percent (31%) said that limits were not defined as compared with 77% in the South. Of the balance in the North, 37% mentioned two weeks or less, while another 26% said less than five days per year were allowed for absences relating to continuing education.

NOTE: * See Appendix A for details.

Table VII

Amount of Time Permitted Away From Job Per Annum for Continuing Education, By Voluntary and Official Agency in Northern and Southern California - 1968

Time Permitted Away From Job Per Annum	Northern California		Southern California	
	Voluntary	Official	Voluntary	Official
No Limits or Not Defined	1	6	2	10
< 3 weeks >2 weeks	1	1	--	1
< 2 weeks >1 week	2	7	2	2
< 5 days	1	5	--	--

Note: Difference between defined and undefined is significant at $p = .012$ by the Fisher Test.

Travel

Travel limitations also show some differences though not so marked. Voluntary agencies have freedom to travel within the State but only 26% of the Northern California official and 28% of the Southern California official agencies have this freedom. Thirty-seven percent (37%) of the Northern California agencies are restricted to their county (or Bay Area) 61% of those in the Southern portion of the state. A further 37% in the North stated that there were no agency funds for travel, or that travel depended on the budget. None of the respondents in the South made mention of budget or funding in this connection. A specific question on financial support available to personnel attending education courses showed little difference between regions.

Table VIII

Level of Financial Support Given by Agency to Staff Attending Continuing Education Courses, By Voluntary and Official Agency in Northern and Southern California - 1968

Type of Support	Northern California			Southern California		
	Voluntary	Official		Voluntary	Official	
		Large	Small		Large	Small
No Financial Support	--	3	2	--	2	2
Some Support	1	2	3	1	1	4
Full Support	4	6	3	3	1	3

SELECTION OF COURSES AND PARTICIPANTS

Agency directors were asked to describe the steps by which:

(a) a particular course is selected, and

(b) a particular member of the agency staff is selected for attendance at such a course.

There was overlap in the response to these two questions indicating some blurring of lines in this area. However, from the responses which were open-ended, four major categories appear. They are:

1) Agency selects course and requests individuals to attend.

2) Agency selects course but allows staff to self-select and request attendance.

3) Agency makes information on courses openly available and leaves it up to staff to request attendance.

4) Initiative for finding courses and requesting attendance is responsibility of staff member.

These four categories rank from authoritative (1) to laissez-faire (4).

Table IX

Ranked Description of Selection Procedures Relative to Courses and Personnel for Continuing Education By Northern and Southern California Health Agencies - 1968

Major Category	Northern California			Southern California		
	Voluntary	Official		Voluntary	Official	
1 (Restrictive)	2	9	14	1	--	3
2	--	3		--	2	
3	--	4	7	1	6	10
4 (Open)	--	3		1	2	

Note: Ranks 1 and 2 were collapsed together and Ranks 3 and 4 by region. Differences were significant (x^2 : p = .02).

The responses to the question on steps in selection were checked for internal consistency against a later question describing the actual selection of a recent participant in a continuing education course. There was a high consistency between what was reported in both sections of the interview schedule.

In response to the question --"How do you alert your staff to the availability of continuing education courses?" --significant differences were noted between the North and South. Replies, which were open-ended, fell into two broad Categories:

I. Circulates material and/or written announcements; tells staff (staff meetings); posts announcements on bulletin board.

II. Screens announcements, chooses trainees, advises supervisors or division chiefs.

It was hypothesized that the former category placed more emphasis on staff initiative (they were aware of all course offerings and could make inquiries about participation) while the latter appeared to indicate a more directive attitude. These responses were not prompted in any way.

Table X

Methods of Alerting Staff to the Availability of Continuing Education Courses as Reported by Official Health Agencies in Northern and Southern California - 1968

Method of Alerting Staff of Continuing Education Courses	Northern California	Southern California
Category I General advice to staff (Bulletin board and staff meetings)	6	9
Category II Advice to supervisors (Announcements screened)	13	4

Note: Level of significance (p = .034) by Fisher Exact Probability Test.

Criteria

Agency directors were asked to rank on a Likert type scale the relevant importance of certain criteria in selecting participants for continuing education courses. A list of seven criteria which had been found to be significant on the pre-test was offered. Respondents were free to include other items as they saw fit. From those which were most important (checked in Columns 4 or 5 on the five point scale), respondents were asked to indicate the two most important criteria.

Table XI

Criteria Used in the Selection of Candidates for Continuing Education Courses as Indicated by Official and Voluntary Agencies in Northern and Southern California - 1968

Criteria Used in Selection	Northern California		Southern California	
	Voluntary	Official	Voluntary	Official
Personal Factors or Of Personal Benefit				
-Individual Interest	1	8	1	4
*-Individual Need	-	-	-	1
-Promotional Potential	2	1	1	3
-Educational Qualifications	-	1	-	1
*-Gaps in Present Knowledge	1	-	-	-
-Creativity or Ability to Innovate	2	5	-	5
	21		16	
Agency Factors or Of Agency Benefit				
-Association with Special Program	3	15	3	7
-Supervisory Function	-	4	3	4
-Length of Service	-	1	-	-
*-Departmental Benefit	-	1	-	-
*-Relationship to Productivity	-	1	-	-
*-Course Content	-	1	-	-
*-Dedication	-	-	-	1
	26		18	

Note: * Indicates criteria suggested by respondents.

Sharing

Another possible measure of the significance attached to continuing education is the possible "sharing" of the education experience of a staff member with other members of the agency staff on return from the course. No significant differences appeared in the data.

Table XII

Emphasis Given to Recording and Sharing the Continuing Education Experience of a Staff Member, as Reported by Voluntary and Official Agencies in Northern & Southern California - 1968

Type of Reporting	Northern California		Southern California	
	Voluntary	Official	Voluntary	Official
Report Required of Participant	4	16	2	9
Report Not Required	-	4	1	1
Depends on Circumstances	-	-	1	2
Report Shared with Staff (whole staff, division staff, peers, etc.)	3	9	2	5
Report to Supervisors (division head, C.H.O., board of supervisors)	1	7	1	7

Open-ended responses to the question --"Of what value is continuing education to the personnel in your agency?" --were coded according to word content and this code checked against general comments made by agency director under another question. Words such as personnel, personal, and staff showed a personal orientation, and words such as agency, department, programs, methods, and public health benefit, were considered to denote an agency orientation. In the South, the ratio of personal to agency was about 4 : 1, and in the North, about 1 : 1.5.

Course Attendance Factors

In analyzing the responses from the Regional Survey of Interest and Needs in Continuing Education (Public Health Professionals and Continuing Education, June 1968) relative to course attendance there is little difference between Northern and Southern California regions. Eighty-one percent (81%) of the Southern respondents (n = 241) had not participated in CEPH courses since 1960, and 15% had taken from one to three courses in the last five years. Three percent (3%) had taken more than three courses in that period. Response in the North was similar. Seventy-six percent (76%) had not participated since 1960, 20% had taken from one to three courses, and 3% had taken more than three courses in the last five years.

Reasons for non-attendance, both personal and "projective"*, showed similarity. These are set out in the following table.

Table XIII

Reasons for Non-Attendance at CEPH Courses as Given by Individual Health Staff in Northern and Southern California - 1967 - Expressed in Percentages (From 1967 Interest and Needs Survey Study)

Reasons For Non-Attendance at CEPH Courses	N. Calif. (n = 235)		S. Calif. (n = 241)	
	Personal	'Projective'	Personal	'Projective'
Topics Not Pertinent	9%	7%	2%	6%
Employer Feels Cannot Give Time Off	5%	23%	8%	27%
Feel No Need for Education	1/2%	3%	1/2%	5%
Lack of Recognition for Participation	3%	10%	1%	10%
Lack of Notification	32%	21%	39%	21%
Site Too Distant	7%	9%	8%	8%
Course Content Too Vague	-	2%	-	2%
Timing of Course Inconvenient	6%	6%	7%	4%
Workload too Heavy	4%	7%	3%	4%
Other	7%	3%	9%	5%
No Response	26%	10%	23%	8%
	100%	100%	100%	100%

Note: * 'Projective' reasons were those reasons which respondents gave as preventing other people from attending CEPH courses.

The above table suggests several things. While respondents regarded lack of notification as the most important personal reason for non-attendance, it seems that they thought other people or other agencies received notices more frequently than they did. On the other hand, time off did not appear as a major obstacle to the individual but he or she felt that it would be the most important reason for others not attending. A similar projection exists when considering agency recognition of course participation. Respondents felt that others would receive less recognition, or that such lack of recognition would rank higher as a reason for non-attendance than was true of them personally.

Course Content

Data is available on expressed preferences for course content from three separate sources --public health personnel, official health agency directors, and voluntary agency directors. The nominal scores for these preferences have been set out in Appendix B. The table below shows those subject areas receiving a high score from both agency directors and health personnel in the same region.

Table XIV.a

Subject Areas Offered by CEPH Which Received a High Interest Rating by Both Agency Directors and Health Personnel from the Same Region. Surveys 1968 and 1967 Respectively.

Northern California	Southern California
Budget Development and Personnel Management	Urbanization: Its Effects on Public Health
Alcoholism	Dangerous and Addictive Drugs
Dangerous and Addictive Drugs	Multi-Phasic Screening for Chronic Diseases
Motivation and Persuasion	Communications: Individual and Organizational
Environmental Sociology and Anthropology	Family Planning and Community Services
Applied Behavioral Science and Public Health	Public Medical Care
Genetic Counselling	Regional Planning of Services and Facilities
Quality Control and Evaluation	Mental Disorders of Concern to Public Health Personnel
The Multi-Problem Family	Mental Health of Children and Teenagers

Table XIV.b

Subject Areas of Most Concern to Voluntary Agencies in Northern and Southern California 1968

Northern California	Southern California
Federal Legislation and Health Programs	Multi-Phasic Screening for Chronic Diseases
Multi-Phasic Screening for Chronic Diseases	Community Organization: Development and Use of Resources
Communications: Individual and Organizational	Techniques of Health Education and Teaching
Environmental Sociology and Anthropology	Health of the School Age Child: School Health Programs
Basic Public Health for Non-Public Health Trained Personnel	Regional Planning of Services and Facilities
Comprehensive Health Planning Consultation	
Health of the School Age Child: School Health Programs	
Regional Planning for Services and Facilities	
The Multi-Problem Family	

Agency Priorities

Priorities within official agencies showed very close similarities between the two regions.

Table XV

Agency Priorities as Indicated by Official Agencies in Northern and Southern California - 1968 - Expressed by Percentages

Subject Areas	Northern California	Southern California
Research	11%	15%
Education of the Public and Public Relations	84%	85%
Fund Raising	--	<10%
Continuing Education for Agency Staff	42%	38%
Health Services	68%	69%
Consultation and Personnel Training to Other Agencies	<10%	15%
Coordination and Administration of Health Services	95%	77%
Planning for Health Services	95%	92%

Note: The above percentages were calculated from the four major priorities in the agency. Totals therefore add up to 400%.

CLUSTER ANALYSIS

In order to cross check reliability and coding validity, a separate coding of 24 major variables was conducted working from the raw data and ranking responses so that they might be subject to computer analysis. Responses from the California State Department of Public Health were excluded from the sample as these tended to differ widely from county and voluntary health agencies. The analysis was made with the BC TRY* System to give a correlation matrix, cluster analysis and spherical analysis.

The results validate the earlier findings.

Note: * BC TRY, Special Computer Program for Factor and Spherical Analysis.

APPENDIX A.

CALIFORNIA HEALTH AGENCY OPIONION ON TIME PERIODS FOR CONTINUING EDUCATION AND TRAINING COURSES

Seasons	Northern California		Southern California	
	Voluntary	Official	Voluntary	Official
Season Most Preferred				
January - March	--	1	1	3
April - June	1	3	1	--
July - September	2	2	1	--
October - December	1	2	--	2
February - May	--	1	--	--
Any Time	--	1	--	--
Season Least Preferred				
April - June	--	--	1	--
July - September	2	12	--	9
October - December	1	2	1	3
September - June	--	--	1	--

APPENDIX A.
Continued

PATTERN OF ABSENCE WHICH IS MOST PREFERRED

Absence Preferred	Northern California		Southern California	
	Voluntary	Official	Voluntary	Official
1/2 day per day) 1/2 - 1 day per week) 1 - 2 days per week)	3	9	--	3
2 - 4 days during week) over weekend) includes part of week-) end	1	8	1	6
block of one to two weeks	--	1	3	2
situational	1	1	--	2

APPENDIX B.

INTEREST IN COURSE OFFERINGS UNDER CEPH PROGRAM, 1968 BY COURSE TITLE & CURRICULUM AREA (X = High Priority)

In the study conducted in 1967, 78 course titles were grouped into eight general content areas. Each person was first asked if he had an interest in the area. If he did, he was to select the course topic he was most and next most interested in. In this way, course priorities were determined.

In the present study, agency administrators were asked to do the same as in the 1967 study.

The following table indicates ONLY those course topic which were of a high priority for individuals and/or agency directors.

Curriculum Area and Course Title	Northern California		Southern California	
	Health Personnel	Agency Directors	Health Personnel	Agency Directors
ADMINISTRATION				
Budget Development and Personnel Management	X	X	--	X
Executive Development	--	--	--	X
Introduction to Admin. and Decision Making	--	X	X	--
Urbanization: Its Effects on Public Health	X	--	X	X
Research Methods and Program Evaluation	X	--	--	--
CHRONIC DISEASE				
Alcoholism	X	X	--	--
Dangerous and Addictive Drugs	X	X	X	X
Epidemiology	X	--	X	--
Multi-Phasic Screening for Chronic Diseases	--	X	X	X

Appendix B. - Continued

Curriculum Area and Course Title	Northern California		Southern California	
	Health Personnel	Agency Directors	Health Personnel	Agency Directors
COMMUNICATIONS AND COORDINATION				
Communications: Individual and Organizational	X	--	X	X
Community Organization: Development and Use of Resources	--	X	--	X
Motivation and Persuasion	X	X	X	--
ENVIRONMENTAL HEALTH				
Accident/Injury Prevention and Control	--	--	--	X
Water and Air Pollution	X	--	X	--
Environmental Sociology and Anthropology	X	X	X	--
Food and Drugs	--	--	X	--
Housing	--	--	--	X
Toxicological Considerations of Environment	--	X	--	--
GENERAL PUBLIC HEALTH				
Applied Behavioral Science and Public Health	X	X	--	X
Comprehensive Health Plan.	--	X	--	X
Consultation: How to Use It; How To Give It	X	--	X	--
Techniques of Health Education and Teaching	--	--	X	--

Appendix B. - Continued

Curriculum Area and Course Title	Northern California		Southern California	
	Health Personnel	Agency Directors	Health Personnel	Agency Directors
MATERNAL AND CHILD HEALTH				
Child Development	X	--	--	--
Family Planning and Community Services	--	X	X	X
Genetic Counselling	X	X	--	--
Mental Retardation and Community Services	--	X	--	--
Neurological Disorders in Children	X	--	X	--
Reducing Infant Morbidity and Mortality	--	--	--	X
MEDICAL CARE ORGANIZATION				
Health Manpower	--	X	--	--
Medicare Law	--	--	X	--
Organized Health Care	--	X	--	--
Public Medical Care	--	--	X	X
Quality Control and Evaluation	X	X	X	--
Regional Planning of Services and Facilities	X	--	X	X

Appendix B. - Continued

Curriculum Area and Course Title	Northern California		Southern California	
	Health Personnel	Agency Directors	Health Personnel	Agency Directors
MENTAL HEALTH				
Mental Disorders of Concern to Public Health Personnel	--	--	X	X
Mental Health of Children and Teenagers	X	--	X	X
Mental Health Problems of Race Relations and Poverty Population	--	X	--	X
The Multi-Problem Family	X	X	X	--

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